



Non-Mortgage Industry Address and/or Name Change Application

Address and/or Name Change Application

Section 1

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Read the following carefully before you complete this form

A change application (include both pages) will only be accepted if it is signed by an Owner/Officer/Member on file with our Department and the **original** signed application is submitted along with ALL of the required documents and fees.

Checklist for Address Change

The following items must be submitted altogether:

- ☐ Legibly complete application and have an owner or officer sign the **original**.
- ☐ \$50 change of address fee.
- ☐ Return original license or submit the \$100 duplication fee.
- ☐ Make & keep a copy for your records.

Checklist for Name Change

The following items must be submitted altogether:

- ☐ Legibly complete application and have an owner or officer sign the **original**.
- ☐ Return original license(s) or submit the \$100 duplication fee. (principal & branch licenses).
- ☐ Original bond rider with new name.
- ☐ \$250 change of name fee for each licensed location.
- ☐ Make & keep a copy for your records.

INCLUDE these 2 items with the above 5 items for a Name Change

- ☐ If, Corporation; we need the approved amended articles of incorporation with new name.
- ☐ If, foreign corporation; we need the approved amended articles of incorporation and Arizona foreign authority with new name.

INCLUDE this item with the first five items above for only a DBA Name Change

AND all the above items if changing both the name and the DBA.

- ☐ A copy of the trade name certificate showing legal name and DBA name.

Original licenses must be returned, otherwise there is a \$100 duplicate fee charged for each license not returned. **(POST A COPY OF THE CURRENT LICENSE, UNTIL YOU RECEIVE THE ORIGINAL AMENDED LICENSE)**. If both the address and name are being changed at the same time and you are paying the \$100 duplication fee because you are unable to return the original license; the duplicate license fee will only need to be paid for once.

Submit one (1) check for the total of all fees required. Make check payable to the, **Arizona Department of Financial Institutions or AZDFI** and drop off or mail to **2910 North 44th Street, Suite 310, Phoenix, AZ 85018**. The Department will not accept credit or debit cards or an electronic submission of this application.

Licensee must designate a person for each licensed location to oversee the operation of that office. Such person may oversee more than one location.

I (print name here) _____ have read the instructions and have **enclosed ALL of the required documents and fees** for this change according to the above Checklist(s). Signature _____



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LEGIBLY PRINT OR TYPE ALL INFORMATION

To the Superintendent of Financial Institutions, the licensee described in number 1 below hereby request permission to make the following change(s):

☐ Address Change ☐ Name Change ☐ Both Address and Name Change

1. Principal Licensed Location Information (found on principal license):

License Type:		Principal Arizona License Number:	
Exact Name of Licensee:			
Exact DBA / Trade name if applicable:			
Address on your "Principal" license:		City:	State:
			Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

2. Licensed location that is changing their address:

License Number for this location:	Date Address Changed or Will Change: / /	This Licensed Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Current Address on license:		City:	State:
			Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

3. The above licensed location (#2 above) will be relocated to:

Designated Branch Manager (Overseer or Contact Person):		This New Location Property is ZONED as (check one): <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
New Address:		City:	State:
			Zip Code:
Telephone Number: () - ext.	Fax Number: () -	Toll Free Number: () -	

4. Name and or DBA Name Change:

New Exact Name:	Date Name Changed or Will Change: / /
New Exact DBA / Trade name if applicable:	

5. Individual to contact regarding the processing of this change:

Name:	Title:	Email Address
Have you attached ALL of the required documents and fees for this change according to the attached Checklist? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NOT, DO NOT submit this request until ALL required documents and fees have been attached.		
Address:		City:
		State:
		Zip Code:
Direct Telephone Number & Extension: () - ext.	Fax Number: () -	Toll Free Number: () -

6. Authorized Individual: I hereby certify that to the best of my knowledge, this application contains no misrepresentations or omissions of material facts. An Owner/Officer/Member on file with our Department must sign this form.

Print Name:	Print Title:
Signature:	Date:
Direct Telephone Number & Extension: () - ext.	Fax Number: () -
Toll Free Number: () -	